

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2001

Application or Docket Number  
3345

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |                      |                          |
|----------------------------------|----------------------|--------------------------|
| TOTAL CLAIMS                     | <i>30</i>            | <i>31</i>                |
| FOR                              | NUMBER FILED         | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | <i>30</i> minus 20 = | <i>10</i> / 11           |
| INDEPENDENT CLAIMS               | ' minus 3 =          | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |                      | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OR  
OTHER THAN  
SMALL ENTITY

|           |        |           |               |
|-----------|--------|-----------|---------------|
| RATE      | FEES   | RATE      | FEES          |
| BASIC FEE | 370.00 | BASIC FEE | 740.00        |
| X\$ 9=    |        | X\$18=    | <i>740.00</i> |
| X42=      |        | X84=      | /             |
| +140=     |        | +280=     | /             |
| TOTAL     |        | TOTAL     | <i>738</i>    |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | *     | Minus                                       | **               |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |       |   |                  |

SMALL ENTITY  
OR

OTHER THAN  
SMALL ENTITY

|                    |                        |                    |                        |
|--------------------|------------------------|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        | X\$18=             |                        |
| X42=               |                        | X84=               |                        |
| +140=              |                        | +280=              |                        |
| TOTAL<br>ADDIT FEE |                        | TOTAL<br>ADDIT FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | *     | Minus                                       | **               |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |       |   |                  |

RATE  
ADDI-  
TIONAL  
FEE

RATE  
ADDI-  
TIONAL  
FEE

|                    |                        |                    |                        |
|--------------------|------------------------|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        | X\$18=             |                        |
| X42=               |                        | X84=               |                        |
| +140=              |                        | +280=              |                        |
| TOTAL<br>ADDIT FEE |                        | TOTAL<br>ADDIT FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | *     | Minus                                       | **               |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |       |   |                  |

RATE  
ADDI-  
TIONAL  
FEE

RATE  
ADDI-  
TIONAL  
FEE

|                    |                        |                    |                        |
|--------------------|------------------------|--------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=             |                        | X\$18=             |                        |
| X42=               |                        | X84=               |                        |
| +140=              |                        | +280=              |                        |
| TOTAL<br>ADDIT FEE |                        | TOTAL<br>ADDIT FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 1.

\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

\*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 10, enter 10.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.